Testimony of Doug DeCerbo, Executive Director of Mount Saint John

Related to House Bill Number 6340

AN ACT CONCERNING THE PLACEMENT OF CHILDREN IN OUT-OF-STATE TREATMENT FACILITIES.

Representative Urban, Senator Musto, Representative Fawcett, distinguished members of the Select Committee on Children, thank you for your time and attention to the issues before you today concerning Bill Number 6340.

I am the Executive Director of Mount Saint John Inc. which provides Family, Education and Treatment Services for young men ages 11 to 18 in residential and after school settings. I am a Co Chair of the CT Nonprofits, Youth Council's Juvenile Justice Committee, a Board member of the CT Nonprofits and a Board member of the Children's League of Connecticut. Therefore my testimony is representative of a continuum of services which are available to best meet the needs of the youth returning from out of state.

I commend the intent of this Bill and strongly support keeping youth in state for services whenever possible and returning the youth who have been placed out of state, with a plan and supports to ensure a successful transition to their home school and community.

We all believe that it is in the best interest for Connecticut's children to receive treatment and care close to home. When our youth are served in-state they are better able to maintain their existing relationships, and when transitioning into a lower level of care they benefit from established connections that Connecticut providers have with one another; these linkages aid in supporting stability and success. It is virtually impossible to achieve the goal of reunification when the youth is not in close proximity to their family/community; reintegration work is necessary.

When returning the youth from out of state it is critical to look at each case on an individual basis. After all it was for individualized treatment reasons that the youth was placed out of state in the first place.

Many youth placed out of state, especially older adolescents, were involved in serious problems at home, school and the community including behaviors resulting in their arrests. While many of these youth may be successful returning directly to their home others may not. For instance a youth who may have been suspended from school and arrested for violating school zero tolerance policies may end up back in the system if they are placed back in a large school without a transition plan. Youth with severe family issues will not be successful if they are put back into their family without extensive family therapy and engagement.

Many providers provide a continuum of care which include short term transitional programs designed to successfully return youth, especially adolescents, to their home school and community, Examples of services provided are educational credit recovery, vocational job readiness and job acquisition skills, substance abuse therapy and strong family engagement models including supervised visits and In Home Therapy.

I propose that Bill 6340 Section 2, which calls for a diverse group (that includes providers) to come together for the purpose of developing "a plan to reallocate funds appropriated to the department and maximize federal and private funding to increase instate, <u>community-based services</u> for children transitioning from out-of-state facilities" be amended to include the wording <u>short term residential services when indicated.</u>

It is my and the associations I represents' fundamental belief that in all cases in state or out of state youth should be assessed and treated in the right service for the right amount of time.

Matching youth to the appropriate levels of care and types of services is a primary requirement for meeting the needs of the youth being served. It is at the core of most of the major struggles in the service system. Youth should always be served in the least restrictive level of care appropriate to meet their needs. Too often artificial timeframes and fiscal pressures dictate placement and movement of youth, rather than the youth's own treatment plan and achievement of treatment goals. Youth should be able to enter the level of care most appropriate to meet their needs, even if those services are not the cheapest or those that are philosophically preferable.

In closing I thank you for your attention to this matter. I invite you to feel free to contact me if I can be of help in answering any questions.

Respectfully submitted

Doug DeCerbo